Interview Summary	Application No.	Applicant(s)
	10/651,228	EVANS, DANIEL D.
	Examiner	Art Unit
	Katherine W Mitchell	3677

All participants (applicant, applicant's representative, PTO personnel):

(1) _Katherine W Mitchell_.   (3)_____.

(2) _Gordon Shields_.   (4)_____.

Date of Interview: _11/19&24, 2004_.

Type: a)☒ Telephonic   b)☐ Video Conference
       c)☐ Personal [copy given to: 1)☐ applicant   2)☐ applicant's representative]

Exhibit shown or demonstration conducted: d)☐ Yes   e)☒ No.
    If Yes, brief description: _____.

Claim(s) discussed: _none_.

Identification of prior art discussed: _no_.

Agreement with respect to the claims f)☐ was reached. g)☐ was not reached. h)☒ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: _examiner called for a species restriction. Examiner did not go into the details of all the species, and determined that a written restriction would be more productive. However, examiner also discussed issue of the contrdiction of the drawings and the claims, and is including this with the restriciton to give applicant an opportunity to correct this before examination._ .

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

_____
Examiner's signature, if required